

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF FORESTRY**  
**REFORESTATION TREE SEEDLING AND SERVICE ORDER**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
REQUESTED DELIVERY DATE: \_\_\_\_\_  
DELIVERY PLACE: \_\_\_\_\_  
TYPE OF OWNERSHIP: ☐ Private Landowner ☐ Forestry Industry ☐ Other Industry  
☐ State Agency # \_\_\_\_\_ ☐ Federal ☐ County or City ☐ Other \_\_\_\_\_  
PURPOSE OF PLANTING: ☐ Forestation ☐ Erosion Control ☐ Windbreaks  
☐ Christmas Trees ☐ Other \_\_\_\_\_  
COUNTY WHERE TREES WILL BE PLANTED: \_\_\_\_\_

DOF USE ONLY	
RT/FLEP Number: (if applicable) _____	
Order No.: _____	
Order Date: _____	
Matched By: (if applicable) _____	
Date Delivered: _____	
Tract No.: _____	
Received By: _____	
Receipt No.: _____	
Date: _____	
Amount: _____	
CD/DT No.: _____	

QUANTITY NEEDED	DESCRIPTION (Kind of Trees)	TREATED PRICE PER 1000	UNTREATED PRICE PER 1000	TOTAL COST	COST MATCHED	NO. TREES MATCHED
	Loblolly Pine, Improved	\$37.50	\$35.00			
	Loblolly Pine, 2nd Gen.	\$42.50	\$40.00			
	White Pine, Improved	\$72.50	\$70.00			

Total of Order		
Sales Tax (5%) [Tax exempt orders must complete Tax Exempt box below]		
Less Matched Seedlings		
Total Amount Due		

- ◆ Payment must be enclosed at the time of order. Please make check payable to "State Forester".
- ◆ No refunds after May 1<sup>st</sup>.
- ◆ A \$20.00 service charge will be applied to all refunds except those caused by the nurseries' inability to deliver ordered seedlings.

THIS BOX USED FOR TAX EXEMPT LANDOWNERS ONLY	
I agree that I qualify for the agricultural exemption from Virginia Retail Sales and Use Tax on Seedlings purchased from the Virginia Department of Forestry as the trees are to be planted for future commercial production of timber; or that I otherwise qualify for exemption from Virginia Retail Sales and Use Tax due to organization affiliation.	
SIGNATURE _____	TAX EXEMPT NUMBER _____

REFORESTATION SERVICES AGREEMENT	
<i>Check the reforestation services you wish to obtain from the VA Department of Forestry:</i>	
<input type="checkbox"/> Deliver Seedlings To Tract @ \$ _____ Per Delivery	SSN/FIN: _____
<input type="checkbox"/> Coordinate Planting On Tract @ \$ _____ Per Acre \$ _____ Minimum	
◆ I agree to designate and assume responsibility for boundaries of the tract where service work is to be performed.	
◆ I agree to pay the Department of Forestry for the requested products and/or services within 30 days of receipt of a statement after services are rendered. If payment is not received within 30 days, I will be subject to a late payment fee of 10% per annum. In addition, if the matter is referred for collection, I will be liable for an additional 20% of the unpaid balance.	
Signature _____	Date _____